

MQ-38 (Burley)
(06-14-94)U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

1. County FSA Office Name and Address

Telephone number
(Including Area code):**CERTIFICATIONS FOR ELIGIBILITY TO RECEIVE PRICE SUPPORT
ON BURLEY TOBACCO**

NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the information to be supplied on this form is the Agricultural Adjustment Act of 1938, as amended, the Commodity Credit Corporation Charter Act, as amended, and the regulations promulgated thereunder (7 CFR Parts 723 and 1464). The information will be used to determine eligibility for price support. Furnishing this information is voluntary; however, failure to furnish correct, complete information may result in loss of program benefits. The information may be furnished to other USDA Agencies, Environmental Protection Agency (EPA), Department of Justice, or other State and Federal law enforcement agencies, and in response to orders of a court magistrate, or administrative tribunal responsible for enforcing the provisions of the Agricultural Adjustment Act of 1938, as amended, the Agricultural Act of 1949, as amended, and the Federal Insecticide, Fungicide, and Rodenticide Act, as amended.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0058. The time required to complete this information collection is estimated to range from 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

2A. Farm Number	2B. Operator (Name and address)	3. Basic Quota	4. Effective Quota	5. Marketing Year

6. A. As conditions of eligibility for receiving price support on Burley Tobacco for the marketing year shown above, I:

1. Certify that all pesticide products (including plant regulators, defoliants and desiccants) used in connection with the production of such tobacco on the ABOVE-IDENTIFIED FARM have been approved by the Environmental Protection Agency (EPA) for such use and that such pesticide products have been or will be used in accordance with label directions.
2. Agree to pay to the No Net Cost Tobacco Account established within the Commodity Credit Corporation (CCC) the applicable assessment for each pound of tobacco marketed from the ABOVE-IDENTIFIED FARM during the marketing year, as authorized by the No Net Cost Tobacco Program Act of 1982. If such tobacco is marketed by sale, such payment shall be withheld from the proceeds of the sale of such Tobacco. I understand that if I or any other producer on the farm do not agree to pay the assessment to the No Net Tobacco Account, every pound of such tobacco which is marketed from this farm during the above marketing year will be ineligible for price support and subject to a penalty of 75 percent of the average market price for the tobacco for the immediately preceding year.
3. Certify that all tobacco delivered for price support during the current marketing year which is produced on the ABOVE-IDENTIFIED FARM will not be nested (Loaded, packed, or arranged to conceal foreign matter or tobacco of inferior grade, quality of condition).

B. FOR INFORMATIONAL PURPOSES ONLY.

1. I estimate that _____ acres of burley tobacco were planted on the ABOVE-IDENTIFIED FARM in the current marketing year.
2. Nonquota tobacco _____ planted on the ABOVE-IDENTIFIED FARM in the current marketing year.
(was) (was not)
3. Producers on the farm and their share of the farm marketing quota are listed below:

7. NAME OF PRODUCER	8. QUOTA/SHARE (Lbs. or %)	9. NAME OF PRODUCER	10. QUOTA/SHARE (Lbs. or %)

11. REMARKS

I certify under penalties provided by law (18 U.S.C. 1001) that the above information is true, correct, and complete.

12A. SIGNATURE OF OPERATOR

12B. DATE (MM-DD-YYYY)